



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

RECEIVED

Date Received 1

JUN 27 2008

Pesticides & Asbestos Programs
and Enforcement Branch (3WC32)
EPA Region III

Date Received 2

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

| | | | | |
|----|--|---|--|---|
| 1. | TYPE OF NOTIFICATION (check one): | | <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Annual Notification |
| | <input type="checkbox"/> Revision (highlight here, and changes) | | <input type="checkbox"/> Phase of Annual Notification | |
| | <input type="checkbox"/> Postponement | | <input type="checkbox"/> Cancellation | |
| | Date of Initial Notification or, if previously revised, date of last revision: _____ | | | |
| 2. | PROJECT LOCATION (check one): | | | |
| | <input type="checkbox"/> Allegheny County | <input type="checkbox"/> City of Philadelphia | <input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Monroe</u> | |
| 3. | For Allegheny County and City of Philadelphia projects only: | | | |
| | A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) | | | |
| | B. For City of Philadelphia projects requiring a permit: | | | |
| | Asbestos project inspector: _____ | | Certification #: _____ | |
| | Company name: _____ | | | |
| | Address: _____ | | | |
| | City: _____ | | State: _____ | Zip: _____ Phone: _____ |
| 4. | WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list). | | | |
| 5. | TYPE OF OPERATION (check one): | | <input type="checkbox"/> Abatement prior to Demolition | |
| | <input type="checkbox"/> Demolition | <input type="checkbox"/> Ordered Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Emergency Renovation |
| 6. | FACILITY DESCRIPTION: | | Job No.: _____ (see instructions) | |
| | Facility Name: <u>Coolbaugh Learning Center</u> | | | |
| | Street/Rural Address: <u>194 Main Street.</u> | | | |
| | City: <u>Tobyhanna</u> | | State: <u>PA</u> | Zip Code: <u>18466</u> |
| | Present use: <u>Public school building</u> | | Prior use: <u>Same</u> | |
| | Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | Facility size in square feet: <u>30,000</u> | | # of floors: <u>2</u> | Age in years: <u>1926</u> |
| 7. | ABATEMENT CONTRACTOR: | | | |
| | Company name: <u>To be determined</u> | | | |
| | Allegheny County or City of Philadelphia License # (if applicable): _____ | | | |
| | Street/Rural/POB Address: _____ | | | |
| | City: _____ | | State: _____ | Zip: _____ |
| | Contact: _____ Telephone No. (between 8:00 & 4:30): _____ | | | |

8. DEMOLITION CONTRACTOR:

Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:

Owner name: Pocono Mountain School District
 Street/Rural/POB Address: PO Box 200, Pocono Mountain Road
 City: Swiftwater State: Pa. Zip: 18370
 Contact: Mr. Rick Mikulka Telephone No. (between 8:00 & 4:30): 570-839-7121

10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: Gary Marshall Certification # 006907
 Date of inspection: 4/27/08 Is any material assumed to be asbestos? ☐ Yes ☒ No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
Bulk Sampling and Analysis by PLM

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

| Code * | Description of material | Location of material (room/floor/area) | Amount of ACM | Code ** | Code *** | Code **** |
|--------|---------------------------------------|---|------------------|------------|-------------|--------------|
| NF 1 | Floor tile, mastic, leveling compound | Rooms 7, 8, 9, 10, 11, 111 Hlth Rm., Hall for rooms | 5,870 | SF | REM | TEM |
| FRI | Pipe Insulation | Cafeteria | 1 | LF | REM | PCM |
| NF 2 | Transite board | Exterior porticos and soffits at perimeter | 1,122 | SF | REM | PCM |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Code *

Type of ACM

FRI - Friable ACM
 NF1 - Cat I nonfriable ACM
 NF2 - Cat II nonfriable ACM
 (Note: Allegheny County
 treats all ACM as friable)

Code **

Units

LF - Linear ft.
 SF - Square ft.
 CF - Cubic ft.

Code ***

Type of abatement

REM - Removal
 CAP - Encapsulation
 CLO - Enclosure
 NON - None

Code ****

Final Clearance

PCM - Phase contrast microscopy
 TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: July 10, 2008 Completion Date: August 1, 2008
 Daily hours of operation: 7:00 ☒ am ☐ pm to 7:00 ☐ am ☒ pm
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Asbestor abatement to prior to building renovations.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Area isolation, negative air, wet removal methods, decontamination units. Third party monitoring and quality assurance to be performed during and following (clearance sampling) removal.

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: To be determined.
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: To be determined. DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: TCI Environmental Services, Inc.
 Street/Rural Address: 100 N. Wilkes-Barre Boulevard
 City: Wilkes-Barre State: Pa. Zip: 18702
 Contact: Gary Marshall Telephone: 570- 823-9069
- B. Final clearance firm: (if different than 19A) Same.
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one) ☐ Contractor ☒ Owner
☐ Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): N/A Hour of emergency: N/A ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

N/A

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: N/A

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Leave isolation and negative air controls in place, incorporate additional amounts of friable materials into isolation and negative air systems. Notify PaDEP and EPA regarding additional amounts.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: Mr. Ted Corbett Certification #: 017787Contractor (Individual): To be determined. Certification #: _____Supervisor: To be determined. Certification #: _____Contractor (Firm) To be determined. Certification #: _____

* * * * * SIGN BOTH STATEMENTS * * * * *

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

G. Marshall 6/24/08
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Gary Marshall, Ph.D. Title: TCI - Owner's Representative

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

G. Marshall 6/24/08
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Gary Marshall, Ph.D. Title: TCI - Owner's Representative

FOR OFFICIAL USE ONLY

TCI Environmental Services, Inc.

100 North Wilkes-Barre Blvd.
Wilkes-Barre, PA 18702

Phone: (570) 823-9069 or (800) 843-3380

Fax: (570) 823-9240

Email: TCIENVIRO@AOL.COM

RECEIVED

JUN 27 2008

Pesticides & Asbestos Programs
and Enforcement Branch (3WC32)
EPA Region III

June 24, 2008

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103

RE: Asbestos Notification for **Coolbaugh Learning Center, Pocono Mountain School District**

Dear Sir or Madam:


Please find enclosed the initial notification for the above referenced project. The project is scheduled to start on July 10th, 2008 as noted.

The abatement contractor has not yet been selected. When the contractor is selected the notification will be revised and submitted with the appropriate information.

We (TCI) will be performing oversight and third party monitoring for the District.

If you have any questions please contact me at (570) 823-9069.

Sincerely,

G. MARSHALL 

Gary Marshall
Senior Project Manager
TCI Environmental Services, Inc.

GM/ld
Enc

TCI Environmental Services, Inc.
100 North Wilkes-Barre Blvd.
Wilkes-Barre, PA 18702



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U.S. POSTAGE
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ASBESTOS NESHAP COORDINATOR
(3WC32)
US EPA REGION III
1650 ARCH STREET
PHILADELPHIA, PA 19103

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